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CONFIRMATION NO. 8461

SERIAL NUMBER 10/091,745	FILING OR 371(c) DATE 03/05/2002 RULE	CLASS 434	GROUP ART UNIT 3713	ATTORNEY DOCKET NO. 56,493 (71699)	
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** CONTINUING DATA ***** This appln claims benefit of 60/273,733 03/06/2001 and claims benefit of 60/273,734 03/06/2001 <i>a cf</i>					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/06/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after mal Verified and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> <i>Initials</i>		STATE OR COUNTRY MD	SHEETS DRAWING 8	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 3
ADDRESS 21874					
TITLE Simulation method for designing customized medical devices					
FILING FEE RECEIVED 863	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		